

Exhibit J
Affidavit of Cathy DuBose

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA**

TONY DEWYANE MOORE,)	
)	
Plaintiff,)	
)	
v.)	Civil Action No. 3:05-CV-1145-T
)	
KATHY DUBOISE, et.al)	
)	
Defendant.)	

AFFIDAVIT OF CATHY DUBOSE

STATE OF ALABAMA)
)
COUNTY OF TALLAPOOSA)

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Cathy Dubose, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Cathy DuBose. I am over the age of nineteen and competent to make this affidavit. I have personal knowledge of the matters set forth in this affidavit.

2. I am a Registered Nurse. I provide medical services to the inmates at the Tallapoosa County Jail and have done so since January 25, 2005.

3. I state affirmatively that I neither acted, nor caused anyone to act, in such a manner as to deprive the Plaintiff of any right to which he was entitled.

4. On November 23, 2005, I ordered Extra-Strength Tylenol for the Plaintiff twice a day as needed. On November 29, 2005, I took the Plaintiff's medical history. I noted that the Plaintiff stated that Codeine and Ibuprofen make him bleed. I also noted that the Plaintiff had had surgery on hemorrhoids in June 2005 and tooth extraction surgery in April 2005.

Further, I noted that he had had warts removed from his genitalia in July 2005. I noted that the Plaintiff stated that he has a hernia.

5. Two days later, the Plaintiff was seen by Dr. Schuster. Dr. Schuster attempted to examine his perianal area. However, the Plaintiff refused this exam. I witnessed this incident. Dr. Schuster explained to the Plaintiff that he could not tell what was wrong without examining him. The Plaintiff refused to let Dr. Schuster examine his rectum and would not even pull his pants down. Dr. Schuster noted that the Plaintiff had hemorrhoids and a questionable problem in his perianal area. He prescribed Amoxil, Anusol, and Flagyl for the Plaintiff's hemorrhoids.

6. On December 16, 2005, I saw the Plaintiff at his request. The Plaintiff requested that I do another Urine test which I did. The test results were normal. He then asked for pain medication. I told the Plaintiff that I would give him two Tylenol twice a day. The Plaintiff then told me that his private physician said that he needed surgery. I informed the Plaintiff that he would have to be examined by Dr. Schuster in order to determine any need for referral to another physician. I also reminded the Plaintiff that he had refused to let Dr. Schuster examine him. I then asked the Plaintiff if he would like to see Dr. Schuster again. He said yes. Therefore, I placed him on the list to see Dr. Schuster. I also ordered two Extra-Strength Tylenol twice a day for the Plaintiff as needed.

7. On December 19, 2005, I obtained a medical release from the Plaintiff in order to get the medical records from the hospital where the Plaintiff claimed that a doctor said he needed surgery, Jackson Hospital. I then contacted Jackson Hospital to obtain the records. The records from Jackson Hospital showed that on June 22, 2005, the Plaintiff was seen at the

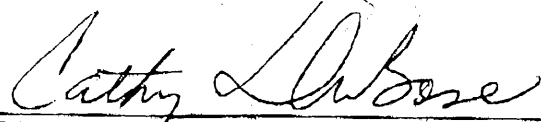
Hospital for complaints of rectal bleeding. The records show that the Plaintiff was diagnosed with hemorrhoids and was instructed to follow up with a surgeon in two days.

8. On December 23, 2005, Dr. Schuster reexamined the Plaintiff. Dr. Schuster noted that the Plaintiff had persistent perianal pain and foul smelling discharge. He also noted that the medication that he had prescribed did not remedy the problem. After Dr. Schuster examined the Plaintiff, he determined that the Plaintiff had an indirect inguinal hernia and an anal fissure and therefore should be referred to Dr. Scott Cassidy, a surgeon in Alexander City, Alabama. Therefore, I attempted to make an appointment with Dr. Cassidy that same day. However, Dr. Cassidy's office was closed. I spoke with Dr. Cassidy's office on December 27, 2005, and attempted to set the Plaintiff up with an appointment. However, I was informed that Dr. Cassidy refused to see the Plaintiff. The Plaintiff was released from the Tallapoosa County Jail that day.

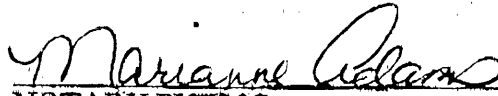
9. I have complied with all policies and procedures of the Tallapoosa County Jail. I am not aware of nor have I authorized or allowed any deviation from said policies and procedures.

10. Attached to the Special Report are true and accurate medical documents contained in the Plaintiff's medical file. I am the custodian of such documents, which were kept by me in the ordinary course of my business.

11. I swear to the best of my present knowledge and information that the above statements are true; that I am competent to make this affidavit; and, the above statements are made by drawing from my personal knowledge of the situation.

CATTY DUBOSE

SWORN TO and **SUBSCRIBED** before me this 25 day of January, 2006.

NOTARY PUBLIC

MY COMMISSION EXPIRES JULY 18, 2008

My Commission Expires: _____



Exhibit K
Affidavit of Sheriff Jimmy Abbett

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA**

TONY DEWYANE MOORE,)	
)	
Plaintiff,)	
)	
v.)	Civil Action No. 3:05-CV-1145-T
)	
KATHY DUBOISE, et.al)	
)	
Defendant.)	

AFFIDAVIT OF JIMMY ABBETT

STATE OF ALABAMA)
)
COUNTY OF TALLAPOOSA)

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Sheriff Jimmy Abbett, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Jimmy Abbett. I am over the age of nineteen and competent to make this affidavit. I have personal knowledge of the matters set forth in this affidavit.
2. I am the duly elected Sheriff of Tallapoosa County, Alabama.
3. I am familiar with the Plaintiff due to his being incarcerated in the Tallapoosa County Jail. I have no personal knowledge of any of the specific allegations that form the basis of Plaintiff's Complaint.
4. I state affirmatively that I neither acted, nor caused anyone to act, in such a manner as to deprive the Plaintiff of any right to which he was entitled.

5. I have delegated the responsibility for the day-to-day functions of the Tallapoosa County Jail to the Jail Administrator Blake Jennings. As Sheriff of Tallapoosa County, I am responsible for promulgating the policies governing the Jail.

6. It is the policy of the Tallapoosa County Jail that access to appropriate health care services are provided for the inmates of the Jail for their physical and emotional well-being.

7. The Jail employs a Registered Nurse, Nurse Cathy DuBose, who is on duty from 8:00 a.m. until 5:00 p.m. on Mondays through Fridays. She is on call at all times of the day and night. Robert Schuster, M.D., also comes to the Tallapoosa County Jail regularly to see inmates who are referred to him by Nurse DuBose.

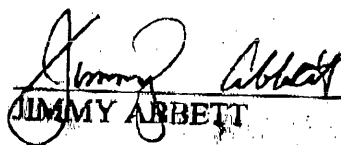
8. An inmate requesting any type of health care services may submit either an Inmate Request Form or Medical Request/Charge Sheet stating the service desired. The shift supervisor ensures that the medical protocol is followed to ensure a safe and secure manner is maintained.

9. Except in the case of an emergency, each inmate requesting medical services is screened by the jail nurse who then makes a referral to a physician if it is determined that a physician visit is appropriate. In the event of a medical emergency, or a perceived medical emergency, the shift supervisor arranges for medical services without delay. All medical appointments, including appointments with the jail nurse, are logged by the jail staff in the inmate log.

10. Inmates are given prescription medication as prescribed. Medication is distributed according to instructions from the prescribing physician and is distributed by a jail staff member as directed by the jail nurse. Staff members of the Tallapoosa County Jail take no deliberate action to block, deny, or delay access of an inmate to health care.

11. I have complied with all policies and procedures of the Tallapoosa County Jail. I am not aware of nor have I authorized or allowed any deviation from said policies and procedures.

12. I swear, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements are made by drawing from my personal knowledge of the situation.


JIMMY ARBETT

SWORN TO and SUBSCRIBED before me this ____ day of January, 2006

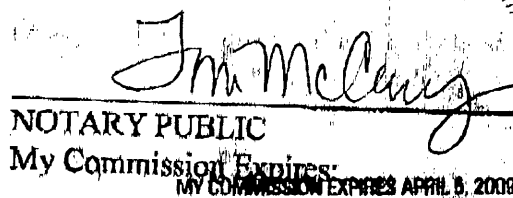

NOTARY PUBLIC
My Commission Expires: APRIL 5, 2008

Exhibit L
Medical File
Medications/Physicians Orders
Note dated November 23, 2005

11/01/23
Moose, Tony

PICT

[illegible]

Date	Order	Signature
8/17/2002	Bextra 10mg; PO q AM Vicor 25mg; PO BID PRN joint pain Mylanta 300 PO BID PRN	used meds ankle
8/31/2002	1/6 Bextra Δ Vicor 50mg; PO q D	PO. Dr. Schuster / ankle
10/20/02	Amoxicillin 500mg ER q5x7d	an
10/10/2002	Ibuprofen 800mg; PO BID PRN	ankle
12/19/04	Amoxicillin 500mg; PO BID x 3 days	ankle
12/15/04	Send to LMCH ER for evaluation	ankle
12/16/04	Modrol base pads as directed	w.v. / ankle
12/27/04	Naproxen 500mg; PO BID	ankle
1/28/05	Keflex 500mg ÷ po bid x 7 days	C. LeBorek
1/28/05	DSS ÷ po q AM	C. LeBorek
2-3-5	VIA Bmp Send for records UAB	

MEDICATIONS

PHYSICIAN ORDERS

TCJ Form-07D

EDICATIONS/PHYSICIAN

MEDICATIONS

Mare Jony D

Date	Medication (List all current medications except those listed on the front of this form.)	Dosage/Route/Administration	Disco

PHYSICIAN ORDERS

Date	Order	Signature
11-23-05	Ex St tylenol bid prn	C. L. Borek
12-15	Amoxicillin 500mg tid prn Amoxicillin 500mg, po tid x 7d Flagyl 500mg, po tid x 7d	
12-16-05	↑ Tylenol to 2 Ex St twice a day prn	C. L. Borek
12-23-05	Art - Dr Cassidy Rmc ⊙ Interact Tylenol he Anal Pessary / Fentanyl Amoxicillin 500mg bid Tylenol PRN	

Exhibit M
Medical File
Authorization for Disclosure of Confidential
Information
Dated December 19, 2005



JIMMY ABBETT
Sheriff

Tallapoosa County Sheriff's Department
316 Industrial Park Drive
Dadeville, Alabama 36853
(256) 825-4264 • FAX (256) 825-1012



AUTHORIZATION FOR
DISCLOSURE OF
CONFIDENTIAL INFORMATION

TO: Jackson Hospital

I, Sony D Moore, hereby authorize the above named person or organization to release below information concerning me. This information and dates of care shall include:

Medical Records

The purpose of disclosure of this information shall be for:

IDENTIFYING INFORMATION AT TIME OF ADMISSION:

Inmate's Full Name: Sony DeWayne Moore

Address: Do.B. [REDACTED]

Social Security: [REDACTED] Race: B Sex: M

I understand that I may revoke this consent at any time, except to the extent that based on this consent has been taken. This consent will expire 60 days from this date, unless my continuum of care (aftercare, referral services, etc.) requires extension of the 60 days. No case shall this extension exceed one year from this date (12-16-06).

My consent to the forgoing is voluntarily made and I understand that the confidentiality of this information is protected by Federal State Law and cannot be disclosed without my written consent. Forseeable risks that may arise by reason of the release of said information have been explained to me.

The authorization and request is fully understood and is made voluntarily on my part this 18 day of Dec 20 05

Sony Moore
Inmate Sign

Cathy Lawrence
Witness

Exhibit N
Medical File
Facsimile Transmittal Sheet
Dated December 19, 2005



JIMMY ABBETT

Sheriff

Tallapoosa County Sheriff's Department
316 Industrial Park Drive
Dadeville, Alabama 36853
(256) 825-4264 • FAX (256) 825-1012



FACSIMILE TRANSMITTAL SHEET

TO: <u>Jackson Hospital</u>	FROM: <u>Tallapoosa Co Jail</u>
COMPANY:	DATE: <u>12-18-05</u>
FAX NUMBER: <u>1-334-293-8969</u>	TOTAL NO. OF PAGES INCLUDING COVER: <u>2</u>
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Please Fax Medical Records
Requested to Cathy DuBose
@ 1-256-825-1012

316 INDUSTRIAL PARK DRIVE
DADEVILLE, AL. 36853

Exhibit O
Medical File
Records from Jackson Hospital
Dated June 22, 2005

Jackson Hospital & Clinic, Inc.
PATIENT INFORMATION
Wed Jun 22, 2005 6:00 AM

Page 29

Name: MOORE, TONY
Sex: M Race: B MS: Priv Code: Title:
DOB: [REDACTED] Age: 31Y Expired: Date: MRUN: 19-59-96
SS #: [REDACTED]
Admit Date: 06/21/2005 Disch Date: 06/21/2005
Admit Time: 10:46 AM Disch Time: 12:10 PM
Reg Status: D Acct #: 10724173
Diagnosis: ABDOMINAL PAIN Accom Pref: Service: ED
Rm-Bed:

Admit Phys: THOMAS, CHARLES E.

Atten Phys: THOMAS, CHARLES E.

Perm Address 1: [REDACTED]
Perm Address 2: [REDACTED]
City: [REDACTED]
Home Ph#: [REDACTED]

State: AL Zip: [REDACTED]
Work Ph#: [REDACTED]

Pt Employer: NOT EMPLOYED

NOK: not on file

Guar #1: MOORE, TONY
Guar Address: [REDACTED]
City: [REDACTED]
Home Ph: [REDACTED]
Employer: NOT EMPLOYED
Guar SS#: [REDACTED]

Rel to Pt: PATIENT
State: AL Zip: [REDACTED]
Work Ph: [REDACTED]

Insur #1: SELF PAY
Ins Addr #1: [REDACTED]
Subscr Name: MOORE, TONY
Subscr Sex: M DOB: [REDACTED]
Subs Address: [REDACTED]
Subs Employer: NOT EMPLOYED
Pt Rel To Ins: PATIENT IS INSURED

Insur #: N/A
Group #: [REDACTED]
Precert #: [REDACTED]
Claim #: [REDACTED]



JACKSON HOSPITAL

1725 PINE ST.
MONTGOMERY, AL 36106-1117

ACCOUNT# 10724173 M/R = 19-59-96
MOORE, TONY

MOORE, TONY

SEX - M BORN

THOMAS, CHAR

M/R - 19-59-96

F/C P ED

[illegible]

ACCOUNT# 10724173 M/R # 19-59-96

MOORE, TONY

SEX - M BORN [REDACTED] F/C P ED
THOMAS, CHARLES E. ROOM [REDACTED]

PROCEDURES

SPLINT: type _____ locations _____
applied by: ED Physician / Orthopedist / Tech.
examined post-splint app. / neuro-vascularly intact / good alignment
LACERATION Repair: length _____ cm location _____
anesthesia xylocaine 1% / 2% / epi marcaine / TAC / digital block
single layer suture type: nylon / prolene / dermabond / staples / steri str
multiple layers / muscle / tendon suture type vicryl
repaired by: ED Physician / NP / Surgeon

NOTES:

INTUBATION: ETT size: _____ nasal / oral / Blade curved / straight
Intubated by: ED Physician / EMS / Anesthesiologist
Placement confirmed by: auscultation / CXR

NOTES:

LUMBAR Puncture: _____ typical sterile prep. _____ position: upright / side R / L
Color _____ WBC's _____ RBC's _____ Glucose _____ Protein _____
CENTRAL Line: location: LL/RL S.C./L Fem. R/L
Line placement confirmed by CXR _____ typical sterile technique
Other procedures: _____

ECG Monitor _____ NSR _____ abnormal _____
ECG NML rate _____ no change since _____ rate _____
NSR _____ nl intervals _____ nl axis _____ nl QRS _____ nl ST/T

Notes:

X-Rays

Scans

Labs

CBC	nl / except	Chemistries	nl / except	UA	nl / except
WBC		NA		WBC	
Hgb		K		RBC's	
Hct		Cl		bacteria	
Pts		CO2		ketones	
Segs		Bim		ETCH	
Bands		Cr		TOX	
		Glucose			

PTT _____ INR _____ CK _____ MB _____ Trop _____ Pulse Ox _____
ABG 02 pH _____ pO2 _____ pCO2 _____ Sat _____ Peak Flow _____
HCG neg / pos Quant HCT _____ Rapid strep neg / pos Mono neg / pos
Other labs: _____
Critical Care: 30-74 min. / 75-104 min. / _____ min.

PROGRESS NOTES:

on the str. the Neg.

Discussed with Dr. _____

Disposition: home / admitted Rmt _____

will follow up in ED/Office/Hospital

Condition: unchanged / improved / stable / unstable / deceased

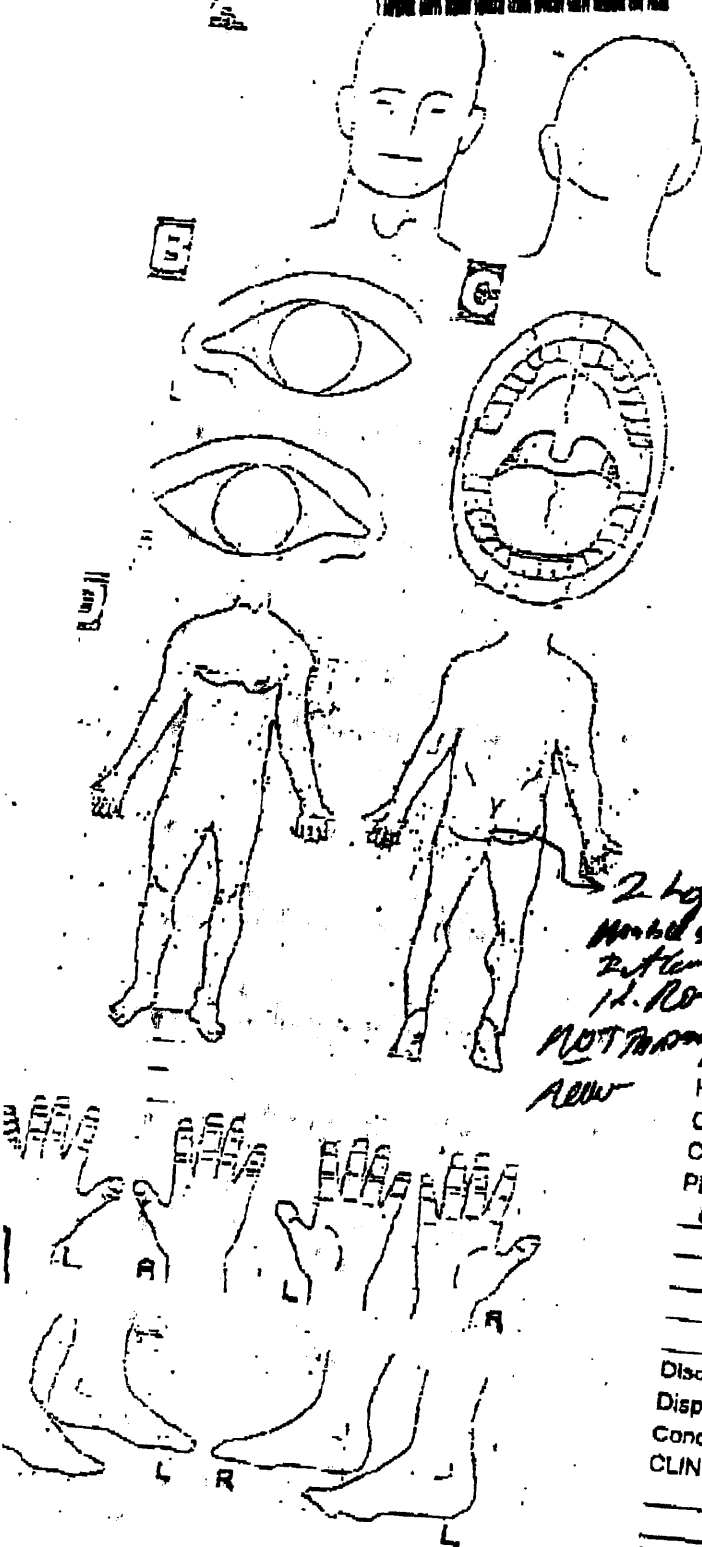
CLINICAL IMPRESSION

Acute Laceration

MD

CRNP

CRNP and Physician discussed case and Physician agrees with above.
Physician met with and reviewed the plan of care with patient.



1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

Emergency Department
JACKSON HOSPITAL & CLINIC, INC.
1725 Pine Street
Montgomery, Alabama 36106

DATE: _____
YOUR DIAGNOSIS/ CARE NOTES

- 1.) _____
- 2.) _____
- 3.) _____

Treatment Rendered:

- ☒ X-Ray ☒ EKG ☐ Medication ☐ Tetanus
☒ Sutured ☒ Lab Test ☒ Exam ☐ Hypertet

☒ You were given a medication which may make you sleepy or less alert. You should not drive, operate heavy machinery or drink alcohol for 24 hours.

☒ NO DRIVING TODAY

☒ You were given a prescription for an antibiotic. You are to take it until gone unless otherwise instructed. Continue taking even if symptoms disappear.

☒ If your pain is not adequately relieved or you are having persistent nausea or vomiting or excessive drowsiness please call your physician or return to the Emergency Department.

IMPORTANT NOTICE: Your x-ray has been read and reviewed. Final review by the radiologist is pending. Follow up with your Primary care doctor for final interpretation.

Specific Instructions:

Follow-up with

☐ Your Doctor: _____

☐ Return to Jackson ER on _____

We Are Referring You To:

Dr. _____ Call _____
for an appointment on _____

If you become worse or do not get better in 1 - 2 days see the doctor treating you or return to the emergency department.

Instructions Received By: _____

relationship to patient _____

☒ Voiced understanding of instructions

Patient Left:

☒ Ambulatory

☐ Crutches

☐ Stretcher

☐ Wheelchair

☐ With Driver

☐ Carried

Certificate for Return to Work or School

ACCOUNT# 10724173
MOORE, TONY

M/R # 19-59-96

SEX - M BORN _____
THOMAS, CHARLES E

F/C P ED

☐ NA

Has been under my care on _____ and is able to return to work / School on _____. The Patient's work limitations are: _____

Discharge Physician MD

ACCOUNT# 10724173 M/R # 19-59-96
MOORE, TONY

SEX - M BORN _____ F/C P ED
THOMAS, CHARLES E

MEDICINES PRESCRIBED

Name/ Strength _____ If none, check this box ☐

1.	2.	3.	4.	Number	Schedule / Duration	No Refills	Refills
1.	2.	3.	4.	12	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Dispense as written - Signature _____ MD

Substitution allowed Signature _____ MD

Print Name _____

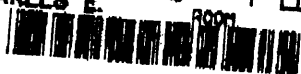
DEAN _____

Emergency Department
JACKSON HOSPITAL & CLINIC, INC.
1725 Pine Street
Montgomery, Alabama 36106

VOID IF NOT PRINTED WITH CHANCELAB OF KODAK

ACCOUNT# 10724173 M/R * 19-59-96
MOORE, TONY

SEX - M BORN [REDACTED] F/C P ED
THOMAS, CHARLES E



JACKSON HOSPITAL EMERGENCY DEPARTMENT ADDITIONAL DISCHARGE INSTRUCTIONS

GENERAL

- ☒ Continue your usual medications.
- ☐ Return if temperature is greater than 100.5
- ☐ Return if you vomit 6 times over the next 6 hours.
- ☐ Clear liquids for 24 hours; then bland diet.

ORTHO

- ☐ Ice for 24 hours; then moist heat.
- ☐ Elevation for 48 hours.
- ☐ Non weight bearing until cleared by orthopedic physician.
- ☐ Leave soft collar on for _____ days.
- ☐ Keep splint/ace wrap on for _____ days.

ACTIVITY

- ☐ No school/work for One days.
- ☐ * No lifting greater than _____ pounds for _____ days.
- ☐ No physical education like activity for _____ days.

WOUND CARE

- ☐ Keep wound clean and dry.
- ☐ Sutures/staples out in _____ days.

- SITZ*
BATHS 2-4 hrs
- ☐ Only light duty for _____ days.
 - ☐ Pelvic rest _____ days.

- ☐ Derma bond instructions.
- ☐ Return in 24 hours for packing removal.

FOLLOW-UP

- ☐ See your physician: _____ Tomorrow; 2 Days 2-3 Days.
- ☐ You will need to follow-up on the ED tomorrow.
- ☐ If unable to see your physician return to ED _____

PEDIATRICS

- ☐ Only clear liquids for 12 hours.
- ☐ Cool mist humidifier.
- ☐ Alternate Tylenol and Motrin every 4 hours.
- ☐ Bulb suction nose as needed.

OVER THE COUNTER MEDICATIONS

- ☐ Alleve
- ☐ Benadryl
- ☐ Claritin
- ☐ Colace
- ☐ Dramamine
- ☐ Hydrocortisone

- ☐ Imodium
- ☐ Neosporin
- ☐ Mineral Oil
- ☐ Motrin
- ☐ Prilosec
- ☐ Senokot-S

- ☐ Tagament
- ☐ Tylenol
- ☐ Zantac

KIDNEY STONES

- ☐ Strain Urine
- ☐ Return if pain becomes too severe.

- ☒ Drink copious amounts of clear liquids.

General Simpson
Neven STNAIL
W/B.M

J

SMARTCOR

PAGE 01

JACKSON HOSPITAL
SMART CORPORATION
RELEASE OF INFORMATION

1725 PINE ST.
MONTGOMERY, AL

FAX # 334-293-8969

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TO: Jimmy Abbott, Sheriff

PHYSICIAN: _____

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PATIENT NAME: Tony Moore MR#: 14-59-96

DOB: _____ DOS: _____

INFORMATION REQUIRED: _____

WHEN NEEDED: STAT-PT THERE NOW: _____ DATE/TIME PT TO BE SEEN: _____

COMMENTS: _____

COMPLETED BY: RM

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